

SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution.

Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.

Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

The email address, point of contact, national provider id, date of birth, year graduated, and professional school are new data items that are in the process of OMB approval and will soon be mandatory. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements.

Practitioner must enter one degree from this list: DDS, DMD, DO, DPM, DVM, MD, or PHD.

Mid-level practitioner must enter one degree from this list: DOM, HMD, MP, ND, NP, OD, PA, or RPH.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioner or mid-level practitioner must enter the degree conferred, and are requested to enter the last professional school of matriculation and the year graduated.

ADS must provide current DEA registration number of parent retail pharmacy or hospital, and attach a **notarized** affidavit in accordance with 21 CFR Part 1301.17. Affidavit must include:

- 1) Name of parent retail pharmacy or hospital and complete address
- 2) Name of Long-term Care (LTC) facility and complete address
- 3) Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility
- 4) Required statement:

This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 USC 8224a). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 USC 843).

- 5) Name of corporation operating the retail pharmacy or hospital
- 6) Name and title of corporate officer signing affidavit
- 7) Signature of authorized officer

SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration. The following list of drug codes are examples of controlled substances for schedules 2, 3, 4, and 5. Refer to the CFR for a complete list of basic classes.

SCHEDULE 2 NARCOTIC	BASIC CLASS	SCHEDULE 3 NARCOTIC	BASIC CLASS	SCHEDULE 4	BASIC CLASS
Alphaprodine (Nisentil)	9010	Buprenorphine (Buprenex, Temgesic, Subutex)	9064	Alprazolam (Xanax)	2882
Anileridine (Leritine)	9020	Codeine combo product 90mg/du (Empirin)	9804	Barbital (Veronal, Plexonal, Barbitone)	2145
Cocaine (Methyl Benzoyllecgonine)	9041	Dihydrocodeine combo prod 90mg/du (Compal)	9807	Chloral Hydrate (Noctec)	2465
Codeine (Morphine methyl ester)	9050	Ethylmorphine combo product 15 mg/du	9808	Chlordiazepoxide (Librium, Libritabs)	2744
Dextropropoxyphene, bulk	9273	Hydrocodone combo product (Lorcet, Vicodin)	9806	Clorazepate (Tranxene)	2768
Diphenoxylate	9170	Morphine combo product 50 mg/100 ml or gm	9810	Dextropropoxyphene du (Darvon)	9278
Diprenorphine (M50-50)	9058	Opium combo product 25 mg/du (Paregoric)	9809	Diazepam (Valium, Diastat)	2765
Ethylmorphine (Dionin)	9190			Diethylpropion (Tenuate, Tepanil)	1610
Etorphine HCL (M-99)	9059	SCHEDULE 3 NON-NARCOTIC	BASIC CLASS	Difenoxin 1 mg/25ug ATSO4/du (Motofen)	9167
Glutethimide (Doriden, Dorimide)	2550	Anabolic Steroids	4000	Fenfluramine (Pondimin, Dexfenfluramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Benzphetamine (Didrex, Inapetyl)	1228	Flurazepam (Dalmane)	2767
Hydromorphone (Dilaudid)	9150	Butalbital (Fiorinal, Butalbital w/aspirin)	2100/2165	Halazepam (Paxipam)	2762
Levo-alphaacetylmethadol (LAAM)	9648	Dronabinol	7369	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220	in sesame oil w/soft gelatin capsule		Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Gamma Hydroxybutyric Acid preps (Zyrem)	2012	Mebutamate (Capla)	2800
Methadone (Dolophine, Methadose)	9250	Ketamine (Ketaset)	7285	Meprobamate (Miltown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Methypylon (Noludar)	2575	Methohexital (Brevital)	2264
Opium, powdered	9639	Pentobarbital suppository du	2271	Methylphenobarbital (Mebaral)	2250
Opium, raw	9600	& noncontrolled active ingred (FP-3, WANS)		Midazolam (Versed)	2884
Oxycodone (Oxycontin, Percocet)	9143	Phendimetrazine (Plegine, Bontril, Statobex)	1615	Oxazepam (Serax, Serenid-D)	2835
Oxymorphone (Numorphan)	9652	Secobarbital suppository du	2316	Paraldehyde (Paral)	2585
Opium Poppy/ Poppy Straw	9650	& noncontrolled active ingredients		Pemoline (Cylert)	1530
Poppy Straw Concentrate	9670	Thiopental (Pentothal)	2100/2329	Pentazocine (Talwin, Talacen)	9709
Thebaine	9333	Vinbarbital (Delvinal)	2100/2329	Phenobarbital (Luminal, Donnatal)	2285
				Phentermine (Ionamin, Fastin, Zantryl)	1640
SCHEDULE 2 NON-NARCOTIC	BASIC CLASS			Prazepam (Centrax)	2764
Amobarbital (Amytal, Tuinal)	2125			Quazepam (Doral)	2881
Amphetamine (Dexedrine, Adderall)	1100			Temazepam (Restoril)	2925
Methamphetamine (Desoxyn)	1105			Triazolam (Halcion)	2887
Methylphenidate (Concerta, Ritalin)	1724	SCHEDULE 5	BASIC CLASS	Zolpidem (Ambien, Ivadal, Stilnox)	2783
Pentobarbital (Nembutal)	2270	Codeine Cough Preparation (Cosanyl, Pediacof)	9050		
Phencyclidine	7471	Difenoxin Preparation (Motofen)	9167	SCHEDULE 5	BASIC CLASS
Phenmetrazine (Preludin)	1631	Dihydrocodeine Preparation (Cophene-S)	9120	Diphenoxylate Preparation (Lomotil, Logen)	9170
Phenylacetone	8501			Ethylmorphine Preparation	9190
Secobarbital (Seconal)	2315			Opium Preparation (Kapectolin PG)	9809

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application.

SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several of the questions, then you must provide a separate explanation describing the location, nature, and result of incident for each "Yes" answer. If additional space is required, you may attach a separate page.

SECTION 6. EXEMPTION FROM APPLICATION FEE - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.
FEES ARE NON-REFUNDABLE.

SECTION 8. APPLICANT'S SIGNATURE - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to more two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions". You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

ADDITIONAL INFORMATION

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.

4. PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN

PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970

ROUTINE USES: The Controlled Substances Act registration system produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following:

- A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes
- C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

EFFECT: Failure to complete form will preclude processing of the application.

Your Local DEA Office

WASHINGTON DC DIVISION OFFICE
Techworld Plaza
800 K Street NW, Suite 500
WASHINGTON, DC 20001

District of Columbia	(877)801-7974
Maryland	(877)330-6670
Virginia	(877)801-7974
West Virginia	(877)330-6670

CONTACT INFORMATION

All offices are listed on web site
(800, 877, and 888 are toll-free)

INTERNET:

www.deadiversion.usdoj.gov

TELEPHONE:

HQ Call Center (800)882-9539

WRITTEN INQUIRIES:

DEA
P.O. Box 28083
Washington, D.C. 20038-8083